



DISABILITY SERVICES

Documentation for Attention Deficit Disorder & Other Psychological Disabilities

RELEASE:

I, _____, hereby authorize the release of the following information to the Disability Services office at Willamette University for the purpose of determining my eligibility for academic accommodation.

Date

Student Signature

TO BE COMPLETED BY A QUALIFIED PROFESSIONAL

Students requesting services must provide current documentation of their disability to ensure the provision of appropriate and effective accommodations. This documentation should provide information regarding the onset, longevity, and severity of symptoms as well as a specific description how it has interfered with education achievement. Assessment of current cognitive functioning is necessary. "Qualified Professionals" hold a Ph.D., Psy.D., M.D., or Ed.D. and have significant experience diagnosing and /or treating the given disorder. The following questionnaire was designed to assist in providing appropriate and effective academic accommodation. We are required to maintain confidential records of this student's medical conditions for the purpose of academic accommodation according to Section 504 of the Rehabilitation Act of 1973 and the ADA of 2009.

1. Diagnostic code: (ICD or DSM IV)

Primary:

Secondary (if applicable):

Other general medical conditions or diagnosed learning disorder:

2. Level of Severity:

3. Date of Diagnosis:

4. Date of Last Visit:

5. Relevant test results of clinical observations (i.e., instruments and procedures used in making the diagnosis):

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6. Was medication prescribed? Yes No If yes, give name, dosage, and frequency of monitoring; what has been the response?
7. In order for our staff to determine the impact of this student's disorder on academic activities such as examinations and note taking, please describe what major life activity(ies) is impacted by this disorder as well as the significance of the impact. Please identify if you have observed this directly or would anticipate it occurring in an educational setting.
8. What specific recommendations do you have regarding accommodations?
9. With appropriate treatment (e.g., counseling, medication, etc.), does this student continue to need these services or accommodations? If so, why?
10. Is there any other information that should be considered to help us determine appropriate accommodations?

Thank you for taking the time to fill out this questionnaire.

Professional's signature

Date

Name and title:
Address:
Phone number:

License # _____

Please return to: Disability & Learning Services, Willamette University, 900 State St., Salem OR 97301
Phone 503-370-6471 Fax 503-375-5420